

FL-980**Intake Form for Child Custody Mediation**

Please complete this 2-sided form and any additional questions included with this form.

Important: The information you give may not stay private. Read the Privacy and Child Custody Mediation sheet (Form FL-985 or FL-987).

For court use only:

FCS Case #: _____

Date: _____

Court case #: _____

1 Your name: _____
Address (if you want your residence address to be private, give a mailing address instead): _____

City: _____ State: _____ Zip: _____

Daytime phone #: (____) _____ Date of Birth: _____

Your court case #: _____

Your lawyer (if you have one): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Fax #: (____) _____

2 Name of other parent: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

3 List all children (under 18) whom you and the other parent have had together (by birth or adoption):

Child's Name	Age	Date of Birth	Sex	Grade in School
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

☐ Check here if you are attaching information about additional children.

4 Are you and the other parent living apart? ☐ Yes ☐ No

If yes, how long have you been living apart? _____ years _____ months _____ days

5 Have you ever participated in a custody case about any of the above children? ☐ Yes ☐ No

If yes, in which state and county? _____

6 Are there any safety-related issues that impact you or your children? ☐ Yes ☐ No

If yes, explain: _____

7 Have you or the other parent ever had contact with Child Protective Services? ☐ Yes ☐ No

If yes, in which state and county? _____

8 Have you or the other parent ever been involved, as a parent, in a juvenile dependency case about any of the above children? ☐ Yes ☐ No

If yes, in which state and county? _____

9 If you have a disability, the Court may be able to make adjustments for you. Do you need any help to come to mediation? ☐ Yes ☐ No

If yes, what help do you need? _____

10 Have you ever been abusive to the other parent or been restrained by a restraining order? ☐ Yes ☐ No

Your name: _____

We would like to help you feel safe during mediation. Please answer the questions below if the other parent has ever been abusive to you or to another family member.

- 11** Has the other parent been violent or abusive **to you**? ☐ Yes ☐ No

If yes, how many times? _____

If no, please skip to item 19.

- 12** When was the most recent violence or abuse? (Date): _____

Please describe the violence or abuse: _____

Were the children there? ☐ Yes ☐ No

- 13** When was the 2nd most recent violence or abuse? (Date): _____

Please describe the violence or abuse: _____

Were the children there? ☐ Yes ☐ No

- 14** When was the worst violence or abuse? (Date): _____

Please describe the violence or abuse: _____

Were the children there? ☐ Yes ☐ No

- 15** Are you worried that the other parent might be violent or abusive to you again? ☐ Yes ☐ No

- 16** Have you ever asked for a restraining order against the other parent? ☐ Yes ☐ No

If yes, in which state and county? _____

- 17** Do you have a restraining order against the other parent now? ☐ Yes ☐ No

If yes, you may bring a support person with you to mediation.

Generally, if you have experienced domestic violence or have a restraining order against the other parent, you can meet with the mediator separately.

- 18** Do you want to meet with the mediator separately? ☐ Yes ☐ No

If yes, the mediator must meet with you separately if you check one of these boxes:

☐ I have a restraining order against the other parent.

☐ I declare, under penalty of perjury under the laws of the State of California, that the other parent has been violent or abusive to me. *Sign your name* *(today's date):*

- 19** Has the other parent ever been abusive **to another family member**? ☐ Yes ☐ No

- 20** Has the other parent ever been involved in a criminal domestic violence case? ☐ Yes ☐ No

If yes, in which state and county? _____